

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
2							51						
3							52						
4							53						
5							54						
6							55						
7							56						
8							57						
9							58						
10							59						
11							60						
12							61						
13							62						
14	1						63						
15		1					64						
16		1					65						
17		1					66						
18		X 2					67						
19		X 2					68						
20		X 2					69						
21	1	2					70						
22	1						71						
23	2						72						
24	2						73						
25	2						74						
26	2						75						
27	1						76						
28	1						77						
29	1						78						
30	1						79						
31	1						80						
32	1						81						
33	1						82						
34	1						83						
35	1						84						
36	1						85						
37	1						86						
38	1						87						
39	1						88						
40	1						89						
41	1						90						
42	1						91						
43	1						92						
44	1						93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	6						100						
TOTAL DEP.	3138	←	←	←									
TOTAL CLAIMS	3638												